

Implementation of the No Smoking Area (KTR) Rule : Progress, Setbacks, and Future Projections of Tobacco Control

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Abstract: Tobacco control has become an urgent global health issue, given its adverse impact on public health, the economy, and the environment. The 2021 Global Adult Tobacco Survey (GATS) showed that 72.3% of smokers in Indonesia were exposed to cigarette smoke in public places, indicating weak implementation of KTR. The purpose of this study is to provide an overview of the implementation of smoke-free areas (KTR): progress, setbacks and future projections of tobacco control. This study uses descriptive analytical research to describe the form of KTR implementation in various regions, analyze progress and setbacks, and project the future of tobacco control. This study shows that the implementation of Smokefree Areas (KTR) in Indonesia has made progress, especially in terms of increasing the number of regions implementing KTR regulations and decreasing the prevalence of secondhand smoke. However, challenges such as weak law enforcement, high smoking prevalence, and tobacco industry intervention remain major obstacles.

Keywords: Tobacco, smokefree areas, progress, setbacks, projections

1. Introduction

Tobacco control has become an urgent global health issue, given its adverse impact on public health, the economy, and the environment. The 2021 Global Adult Tobacco Survey (GATS) showed that 72.3% of smokers in Indonesia were exposed to cigarette smoke in public places, indicating weak implementation of KTR. According to the World Health Organization (WHO), tobacco is the leading cause of preventable death, Nicotine found in tobacco is addictive, and the use of these products causes many negative health problems, including cardiovascular disease, respiratory disease, and more than 20 types of cancer. More than 8 million people die each year from tobacco use. When tobacco use kills one out of every two users, tobacco control should not only be considered a public health policy, but also a human right. Efforts to curb the tobacco epidemic should not be undermined by the interests of the tobacco industry (Amul & Pangestu Pang, 2018).

Cigarettes are the most widely consumed tobacco product in the world. It causes physical and psychological addiction (Acımuş et al., 2024; WHO, 2022a). In Indonesia, this problem is made more complex by the high prevalence of smoking and weak implementation of tobacco control policies. (WHO, 2022b). Data as of 2021, approximately one in nine (11.5%) US adults aged ≥ 18 years currently smoke. While this is the lowest smoking prevalence recorded since 1965 (1), nearly one in five adults continue to use tobacco products (Cornelius et al., 2022). Indonesia is one of the countries with the highest cigarette consumption in the world. Data from the Basic Health Research (Riskesdas) 2021 shows that the prevalence of smoking in the population aged over 15 years reached 28.96%, with a significant increase in the adolescent group. Smoking prevalence among adolescents aged 10-18 years increased from 7.2% in 2013 to 9.1% in 2018. This indicates that tobacco control efforts have not been fully effective, especially in protecting the younger generation from the dangers of smoking (Kemenkes, 2021). Weak tobacco control efforts indicate that control efforts through regulation have not had a significant impact. The country of Finland issued rules that include and address such as restrictions on cigarette marketing, reflecting Finland's impressive ranking in the 2016 Tobacco Control Scale (TCS) among European countries (Timberlake et al., 2020).

The economic cost of smoking-related diseases in Indonesia is estimated to reach Rp596.61 trillion by 2020, an increase of 154 trillion compared to the 2015 figure of 440 trillion. (Martini et al., 2022). To address this issue, the Indonesian government has issued various regulations, one of which is the implementation of the No Smoking Area (KTR). KTR is an area that is prohibited for smoking, producing, selling, advertising, and promoting tobacco products. This regulation is stipulated in Government Regulation No. 109/2012 on the Safety of Materials Containing Addictive Substances in the Form of Tobacco Products for Health, as well as Joint Regulation of the Minister of Health and Minister of Home Affairs No. 188/Menkes/PB/I/2011 & No. 7/2011 on Guidelines for the Implementation of KTR.

Tobacco is associated with a wide range of non-communicable diseases. Tobacco use substantially increases the risk of death from cancer, heart disease, stroke, and chronic respiratory disease, and has become the second leading risk factor for mortality worldwide (Ye et al., 2015). One of the strategies implemented to reduce this risk is the establishment of Smokefree Areas (KTR), which aim to protect the public from exposure to cigarette smoke and reduce the number of active and passive smokers. KTRs cover public areas such as health facilities, workplaces, public transportation, places of worship, and educational environments, where smoking, advertising, promotion, and sale of tobacco products are prohibited. However, although these policies have been adopted in various regions, their implementation still faces major challenges, including a lack of supervision, low levels of compliance, and minimal public awareness of existing regulations. Their effectiveness is also questionable, mainly due to weak law enforcement, policy differences between regions, and the strong influence of the tobacco industry in various social and economic aspects. Without strengthening regulations, strict supervision, and support from all stakeholders, the success of KTR as an instrument of tobacco control in Indonesia is far from optimal. However, the implementation of KTR in Indonesia still faces various challenges. Although some regions have successfully established and enforced KTR regulations, many other regions are still experiencing obstacles in its implementation. Data from the Ministry of Health (2021) shows that only around 30% of districts/cities in Indonesia have local regulations (perda) on KTR,

and of these, only a small proportion consistently enforce them. This is due to several factors, such as lack of political commitment, uneven socialization, weak law enforcement, and resistance from the tobacco industry and the community (Kemenkes, 2021).

The implementation of smoke-free zones is one of the key strategies in tobacco control, as it protects people from exposure to secondhand smoke, reduces smoking prevalence, and creates a healthy environment. For example, in the United States and Canada, playgrounds generally receive higher support than sidewalks, and smokers are generally less supportive of smoke-free policies than non-smokers (Boderie et al., 2023). The World Health Organization (WHO) states that there is irrefutable evidence that implementing 100% smoke-free environments is the only effective way to protect people from the harmful effects of cigarette smoke exposure. (Martin et al., 2017). However, the effectiveness of KTR is highly dependent on consistency of implementation and law enforcement. Currently, the tobacco control situation in Indonesia shows two contrasting faces. On the one hand, there is progress in the form of increased public awareness and support from certain local governments towards KTR. On the other hand, there are setbacks characterized by weak law enforcement, increasing prevalence of youth smoking, and the continued development of the tobacco industry's marketing strategies..

The tobacco industry in Indonesia still has a strong influence, both economically and politically. Indonesia is one of the few countries in the world that has not ratified the Framework Convention on Tobacco Control (FCTC), an international treaty that aims to control tobacco consumption globally. In addition, the tobacco industry continues to employ various strategies to maintain the market, such as aggressive advertising, event sponsorship, and political lobbying. This complicates tobacco control efforts and raises the question of whether the implementation of KTR can actually reduce cigarette consumption or if it is stagnant. The purpose of this study is to provide an overview of the implementation of smoke-free areas (KTR): progress, setbacks and future projections of tobacco control.

2. Methods

This study uses descriptive analytical research to describe the form of KTR implementation in various regions, analyze progress and setbacks, and project the future of tobacco control. In addition, an evaluative method was also used to evaluate the effectiveness of KTR implementation based on predetermined success indicators. Data analysis used secondary data analysis, the data in this study used official sources such as the Ministry of Health, the Central Statistics Agency (BPS), and the Basic Health Research (Riskesmas).

3. Results and Discussion

The implementation of Smokefree Areas (KTR) in Indonesia has shown significant progress, although it is still faced with various challenges. This research is in line with research conducted by Yanxia Wei (2019) who found that a comprehensive smoke-free law in Shanghai has achieved a significant reduction in smoking and a parallel improvement in indoor air quality. (Wei et al., 2019). Based on data from the Ministry of Health, Basic Health Research (Riskesmas), Central Statistics Agency (BPS), and the Global Adult Tobacco Survey (GATS), it can be seen that tobacco control efforts through KTR have had a positive impact, but strategic measures are still needed to strengthen its effectiveness. Smokefree area policies and prominent graphic health warnings are likely to be highly effective in improving smoking

cessation success if combined with other policies that enhance quitting efforts. (Levy et al., 2018).

No Smoking Areas (KTR) are a key strategy in controlling tobacco consumption in Indonesia. Based on data from the Ministry of Health and the Central Bureau of Statistics (BPS) in 2022, regulations related to KTR have been implemented in more than 300 districts/cities through regional regulations (Perda) and regional head regulations. Public awareness regarding the importance of a smoke-free environment has also increased, as shown in the results of the 2021 Global Adult Tobacco Survey (GATS), where 85% of Indonesians support the implementation of KTR in public places. This high level of support is an important asset for the government to expand the implementation of KTR and increase awareness of the dangers of smoking.

However, despite the widespread introduction of these regulations, compliance with KTR still varies. Data from Riskesdas 2018 shows that although exposure to secondhand smoke in public places has decreased, compliance with the smoking ban in public facilities is still not optimal. Some places such as government offices and public transportation experienced a 5-10% decrease in exposure to secondhand smoke compared to Riskesdas 2013, but compliance in other places, such as eating places and public areas, is still low. Similar research was conducted by Andika (2019) who found that although many informants knew about the rules of the No Smoking Area (KTR), after deepening that informants did not understand well the contents of the Regional Regulation that had been established relating to KTR. (Saboli et al., 2019).

A number of advances in KTR implementation can be identified based on the secondary data analyzed. First, increased public awareness of the dangers of smoking has contributed to the effectiveness of this policy. The government has also been increasingly active in conducting socialization through digital media, pictorial warnings on cigarette packs, and restrictions on cigarette advertisements on various platforms. In addition, the language used in the regulation is also important. Complicated language results in decreased enforcement and compliance with the outdoor smoking ban (Ocampo et al., 2020).

In addition, administrative sanctions have been introduced in some regions that are more progressive in tobacco control. For example, some major cities have introduced fines for KTR violators, although their effectiveness is still variable. Based on data from the Ministry of Health, around 40% of regions have a sanction mechanism for KTR violations, although there are still challenges in implementation and supervision. The gradual increase in cigarette excise tax has also contributed to controlling cigarette consumption, although its impact on active smokers is still being evaluated. However, based on the 2018 Riskesdas data, there are indications that the increase in cigarette prices has caused smokers from lower economic groups to reduce consumption or switch to cheaper cigarettes.

Despite progress, the implementation of KTR still faces various obstacles that hinder its effectiveness. One of the main challenges is the high prevalence of smoking in Indonesia. The prevalence of smoking in Indonesia is still relatively high. The 2018 Riskesdas recorded that 33.8% of the population aged over 15 years were active smokers. This figure shows that KTR has not been fully effective in reducing overall cigarette consumption. In addition, the tobacco industry still has a strong influence, especially in areas whose economies depend on this industry. Lobbying and promotion from the tobacco industry often hinder tobacco control efforts, including the implementation of KTR. Based on GATS 2021 data, 33.8% of the

population aged 15 years and above are still active smokers. In fact, the 2018 Riskesdas results show that the prevalence of adolescent smoking has increased from 7.2% (2013) to 9.1% (2018).

In addition, weak law enforcement is also a significant obstacle. Although many regions have KTR regulations, there is still high non-compliance in the field. Data from BPS 2022 shows that more than 50% of smokers still smoke in areas that should be smoke-free, including health facilities, schools, and workplaces. One of the causes of this low compliance is the lack of supervision and the lack of sanctions that are strictly applied. research conducted by Anthony (2023) which suggests that the implementation of smoke-free policies to support compliance can be improved by information on self-reported exposure to cigarette smoke (SHSe) for smokers and non-smokers, smoking cessation support from external community partners, discussion forums for maintenance staff, involving residents in decision making, and framing the policy as part of a broader health initiative (Anthony et al., 2023).

The influence of the tobacco industry is also a factor that cannot be ignored. The tobacco industry still has a major influence on regulation, both through pressure on government policies and through marketing strategies that continue to reach younger age groups. This makes some policies, such as a total ban on cigarette advertising and sales control, difficult to implement across the board. Gasser (2015) suggests that raising taxes on tobacco is the most effective way to increase tobacco prices and thus reduce tobacco use. Young people and low- and middle-income populations respond most to tax increases. In high-income countries, a 10 percent increase in tobacco prices would reduce consumption by about 4 percent (Grainger Gasser et al., 2015)

Looking at current trends, there are three main scenarios in projecting the future of tobacco control in Indonesia: first, the Optimistic scenario: If the government continues to strengthen regulations, increase cigarette excise, and tighten supervision of the implementation of KTR, then the prevalence of smokers can decrease significantly, this is in accordance with research conducted by Fujita (2020) which found that even though there was no formal enforcement of the No Smoking Area policy, smoking behavior decreased by 17% after the implementation of the policy (Fujita & Marteaché, 2022). The World Health Organization (WHO) targets a 30% reduction in smoking prevalence by 2025, which can be achieved if tobacco control policies are consistently enforced. Therefore, the government needs to issue firmer and more comprehensive regulations, including heavier sanctions for KTR violators. In line with research conducted by Xiaohua Ye et al (2015) highlighting the urgent need for a comprehensive smoke-free law covering all public places, simultaneously educational interventions and campaigns promoting voluntary changes in smoking at home need to be conducted. (Ye et al., 2015).

Second, the Moderate scenario: If the implementation of KTR is only done in big cities and not followed by strong law enforcement, then the impact will only be felt in urban areas, while other areas continue to experience high levels of cigarette consumption. Therefore, education and socialization about the dangers of smoking and the importance of KTR must continue to be improved through a national campaign involving various stakeholders, including communities, schools, and the media. And third, the Pessimistic scenario: If the tobacco industry continues to pressure policies and the government fails to enforce regulations properly, then the prevalence of smokers could remain high or even increase. This will have a direct impact on the increasing burden of non-communicable diseases such as lung cancer, heart disease, and respiratory disorders. Therefore, it needs to be integrated with other

health programs, especially the control of non-communicable diseases (NCDs) such as diabetes and heart disease, considering that smoking is one of the main risk factors for NCDs. Finally, international cooperation with organizations such as WHO needs to be strengthened to obtain technical and financial support for tobacco control efforts. (Nicole M. Kuiper et al., 2016).

Based on the results of this analysis, there are several recommendations that can be proposed to improve the effectiveness of KTR implementation and tobacco control in Indonesia: 1) Strengthen law enforcement by ensuring that violations of KTR receive strict and consistent sanctions. 2) Improve surveillance in public places by involving the public in reporting violations through digital-based complaint mechanisms. 3) Expand the scope of more aggressive anti-smoking campaigns, especially by targeting youth and high-risk groups. 4) Improve inter-agency synergies such as the Ministry of Health, Ministry of Education, and local governments to ensure effective implementation of KTR in all sectors.

Conclusions

This study shows that the implementation of Smokefree Areas (KTR) in Indonesia has made progress, especially in terms of increasing the number of regions implementing KTR regulations and decreasing the prevalence of secondhand smoke. However, challenges such as weak law enforcement, high smoking prevalence, and tobacco industry intervention remain major obstacles. With comprehensive strategic measures, including strengthened regulations, education, and integration with other health programs, Indonesia can achieve more effective tobacco control goals and protect public health from the adverse effects of smoking.

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Conflicts of Interest

The authors declare no conflict of interest.

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